P0500039702

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Amendment Section Division of Corporations

TO:

SUR IFCT.	HAWK MANAGEMEN	IT GROUP. INC.				
Name of Corporation						
DOCUMENT NUME	BER:P050	000039702	·			
The enclosed Statemer	nt of Change of Registered Office	e/Agent and fee are submit	ted for filing.			
Please return all corres	pondence concerning this matter	to the following:				
	NAATTUEVA/	LCOHEN				
Name of Contact Person						
HAWK MANAGEMENT GROUP, INC. Firm/Company						
	<i></i>	,	·			
	2595 NW BOCA RATON BLVD, STE 100					
	Addr	ess				
	BOCA RATO	N FI 33431				
BOCA RATON, FL 33431 City/State and Zip Code						
	ngreco@latitude	solutions net				
ngreco@latitudesolutions.net E-mail address: (to be used for future annual report notification)						
For further information	concerning this matter, please ca	all:				
Na	ancy Greco f Contact Person	at (561)	417-0644			
Name o	f Contact Person	Area Code & Daytin	ne Telephone Number			
Enclosed is a \$35.00 ch	eck made payable to the Departn	nent of State.				
	Mailing Address: Amendment Section	Street Address:	.•			
	Amendment Section Division of Corporations	Amendment Sec Division of Cor				
	P.O. Box 6327	Clifton Building				

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	ange is submitted for a c	orporation organize	507.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Sta	te of Florida	
1. The name of	the corporation: HAW	K MANAGEM	ENT GROUP, INC	<u> </u>	
	office address: 2595 No.TON, FL 33431		ON BLVD. SUITE #10		
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: _	03/19/2010	Document number:	P05000039702	
	d street address of the cu rtment of State: (If resign	•	at and registered office on f	ile with the	
	MATTHEW J COH	HEN			
	190 NW SPANISH RIVER BLVD, SUITE 101				
	BOCA RATON, FI				
6. The name and (if changed):	The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	MATTHEW J COH			7.	
	2595 NW BOCA F	RATON BLVD, S			
	BOCA RATON, FL		ceptable		
The street address changed will	ess of its registered office the identical.	ce and the street add	dress of the business offic	e of its registered agent,	
			y its board of directors or ed in writing of the chang		
MJ (DEBORAH COHEN Printed or typed name and title			COHEN te and title	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as reg to comply with the prov ad I am familiar with an ing filed merely to refle s been notified in writin	istered agent and a visions of all statute ad accept the obliga ct a change in the ro g of this change.	gree to act in this capacit s relative to the proper an tion of my position as reg egistered office address, I	ty. id complete performance istered agent. Or, if this hereby confirm that the	
mJ (0		9/30/20	011	
Sig	nature of Registered Agent		Date	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
If signing on be	ehalf of an entity:				
	TTHEW J COHEN				
T	yped or Printed Name				

* * * FILING FEE: \$35.00 * * *